STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155159	A. BUILDING 01 B. WING	04/20/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUMMIT CITY NURSING AND REHABILITATION	2940 N CLINTON ST FORT WAYNE, IN 46805

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K0000	A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 02/21/12 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 04/20/12 Facility Number: 000079 Provider Number: 155159 AIM Number: 100266160 Surveyor: Amy Kelley, Life Safety Code Specialist At this PSR survey, Summit City Nursing and Rehabilitation was found in substantial compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.	K0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	This two story facility with a basement was determined to be of Type II (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and areas open to the corridors. The facility has a capacity of 88 and had a census of 50 at the time of this survey. Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 04/24/12. The facility was found in substantial compliance with the aforementioned regulatory requirements as evidenced by the following:			

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K0144 SS=C	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. Based on observation and interview, the facility failed to ensure 1 of 1 generators was in accordance with NFPA 99, 1999 Edition, Standard for Health Care Facilities. NFPA 99, Section 3-4.1.1.15 requires a remote annunciator to be provided in a location readily observed by operating personnel at a regular work station. NFPA 101, Section 4.6.12.1 requires any device, equipment or system required for compliance with the provisions of the Code shall be continuously maintained in accordance with applicable NFPA requirements. NFPA 72, National Fire Alarm Code, in 7-4.3 requires all apparatus requiring resetting to maintain normal operations shall be reset as promptly as possible after each test and alarm. This deficient practice could affect all occupants. Findings include:	K0144	The creation and submission of this Plan Of Correction does not constitued an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation.This provider respectfully requests that the 2567 Plan Of Correction be considered the letter of credible allegation and request this as the paper compliance as of May 4, 2012.The maintenance Department team members were educated on the Life Safety Code Standards of the Generator weekly inspection and exercised under load for 30 minutes per month in accordance with NFPA99. 3.4.4.1The maintenance team will apply a pink bracelet to their arm during the exercise under load for 30 minutes. This will be a reminder to engage the audible alarm switch to on when the test is finished. The team member performing this task will also need the ED or Maintanence team member to visually see and sign off that the audible alarm switch is to the on position when the testing is finished. This corrective action will be ongoing in order to ensure the proper safety audible alarms are in place. This task is	05/04/2012

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	Based on observation with the Administrator and the Maintenance Supervisor on 04/20/12 at 1:34 p.m., the audible alarm switch was flipped to the "off" position on the generator annunciator panel located at what will be the first floor nurses' station. The nurses' station is currently being remodeled. Based on an interview with the Maintenance Supervisor at the time of observation, they did a load test on the generator and forget to return the switch to the "on" position. 3.1-19(b)		in the weekly and monthly Preventative Maintenance Program.	